Conduct and Competence Committee
Substantive Hearing
24-25 April 2017
NMC, 61 Aldwych, London, WC2B 4AE

Name of Registrant Nurse: Mrs Sally Smith
NMC PIN: 05L0453E
Part(s) of the Register: Registered Nurse – sub part 1
RNA – Adult – 19 April 2006
Area of Registered Address: England
Type of Case: Misconduct
Panel Members: Alan Harris (Chair, Lay member)
Janet Blundell (Lay member)
Lynn Smith (Registrant member)
Legal Assessor: Hala Helmi
Panel Secretary: Kim Nyawira
Nursing and Midwifery Council: Represented by Ms Tamsin Ryder, Counsel,
instructed by NMC Regulatory Legal Team.
Registrant: Mrs Smith was present and represented by Mr Robin Oliver

Facts found proved: ALL (by way of admission)
Fitness to practise: IMPAIRED
Sanction: Striking-off order
Interim order: Interim Suspension Order
Charges as read:

That you, a registered nurse:

1. In respect of your employment with Excelcare and/or Hunters Healthcare Ltd:
   1.1 During an interview on 5 May 2015, stated that you took a break from employment between July-December 2014 for health reasons;
   1.2 In your application form, dated 17 June 2015, put as your reason for leaving Papworth Hospital: ‘N/A’
   1.3 Between 3 August 2015 and 24 August 2015 failed to inform Excelcare and/or Hunters Healthcare Ltd that an interim conditions of practice order had been placed on your practice;
   1.4 Between 25 August 2015 and 22 February 2016 failed to inform Excelcare and/or Hunters Healthcare Ltd that a substantive conditions of practice order had been placed on your practice;
   1.5 Your actions as described in charges 1.1 – 1.4 above were dishonest in that:
      i. You were intending to conceal from Excelcare and/or Hunters Healthcare Ltd that you had been dismissed from your employment with Papworth Hospital in August 2014 and/or;
      ii. You were intending to conceal from Excelcare and/or Hunters Healthcare Ltd that you were only permitted to work in accordance with a conditions of practice order.

2. In respect of your employment with Cambridge University Hospitals NHS Foundation Trust (Addenbrookes Hospital):
2.1 Stated in your application form/s, dated 7 December 2015 and/ or 13 December 2015, that you had been dismissed from Papworth Hospital 'after I had an accident and fractured my right foot' and/ or because you had another medical condition;

2.2 In response to a question asking you whether any conditions had been placed on your practice by a fitness to practise committee, wrote on your application form/s, dated 7 December 2015 and/ or 13 December 2015, ‘no.’

2.3 Stated in your application form/s dated 7 December 2015 and/ or 13 December 2015, that you had referred yourself to the NMC, when that was not the case.

2.4 Stated in your interview, dated 28 January 2016, that the reason for your dismissal from Papworth Hospital was a fractured foot and/ or another medical condition;

2.5 Your actions as described in charges 2.1 – 2.4 above were dishonest in that:

   i. You were intending to conceal from your prospective employer that you had been dismissed from Papworth Hospital for capability reasons; and/ or

   ii. You were intending to conceal from your prospective employer that you were only permitted to work in accordance with a conditions of practice order.

AND, in light of the above, your fitness to practise is impaired by reason of your misconduct.

**Admissions to the charges:**

Following the reading of the charges, Mr Oliver on your behalf confirmed that you admitted all the charges in their entirety. Accordingly, the panel found those charges proved by way of your admission.
Decision on the findings on facts and reasons:

The background to this case is as follows:

You were referred to the NMC in September 2014 by the Cambridge University Hospitals NHS foundation Trust (“the Trust”) following alleged clinical errors on 23 May 2014 at Papworth Hospital (“the Hospital”). Prior to these incidents, you were already being managed under the Hospital’s capability programme. You were dismissed by Papworth Hospital in August 2014. You were informed that an Investigating Committee interim order hearing would be held on 18 September 2014. At that hearing you were made the subject of an interim conditions of practice order.

On 5 December 2014, you wrote to the NMC advising that you were finding it difficult to secure employment. An interim order review hearing was held on 4 March 2015 and the panel on that occasion varied the conditions. These conditions remained in place until your case was disposed of by way of a hearing of the Conduct and Competence Committee on 24 August 2015. At the substantive hearing you were made the subject of a substantive conditions of practice order for a period of 12 months. As part of the standard conditions you were required to disclose to any prospective or current employer that conditions had been imposed on your practice.

You worked for Excelcare Holdings (“the Agency”), working with Hunters Healthcare Ltd, from 3 August 2015 until 22 February 2016 under a bank contract. You worked 17 shifts at a care home during this period as a nurse. In obtaining that employment, it is alleged that you dishonestly failed to declare any restrictions or conditions on your practice either in your written application or at your interview. Further, it is alleged that, in your application form, you did not provide an explanation for leaving your previous role at Papworth Hospital save for writing ‘N/A’. You allegedly gave reasons that appeared to suggest that you left Papworth Hospital for health reasons not because you had been dismissed on capability grounds.

On 7 December 2015, you applied to the Trust for a role as staff nurse in ENT clinic. It is alleged that the reasons you provided for your dismissal from Papworth Hospital, on
the application form, were based on health grounds, with no reference to any clinical incidents taking place, or capability issues. In the application form, it is also alleged that you stated that you were not subject to any conditions on your practice. You completed a second application to the Trust on 13 December 2015, for a nursing post in the Trauma and Orthopaedics clinic. It is alleged that you dishonestly provided the same inaccurate information.

It is alleged that, in your application form, you stated that you were under investigation by the NMC but that you had self-referred following dismissal from Papworth Hospital for health reasons.

On 28 January 2016, you attended an interview for the position of ENT clinic staff nurse. It is alleged that the conflicting information regarding your reasons for dismissal was raised with you at the interview. You allegedly gave the interviewers the impression that the reason for your dismissal from the Hospital related to health reasons alone as you intended to conceal from your prospective employer that you had been dismissed from Papworth Hospital for capability reasons. It is also alleged that during this interview, you failed to disclose the conditions of practice order imposed on your registration. You were offered employment by the Trust for this post, and commenced employment at the Trust working at Addenbrookes Hospital on 4 April 2016.

At your three month employment review, you disclosed to your line manager, Ms 1, that you were subject to a conditions of practice order. Initial enquires were carried out by the employer to confirm that such an order was in place. Following this, you were suspended from your employment on 15 July 2016 and the NMC was notified.

Having made admissions at the outset, the panel found all the charges proved by way of your admission.

**Submissions on misconduct and impairment**

Having announced its findings of facts, the panel next considered whether the facts found proved amounted to misconduct, and if so, whether your fitness to practise is currently impaired by reason of that misconduct.
At the impairment stage, the panel heard oral evidence from Ms 1, Band 6 Sister at Addenbrookes Hospital.

The panel also heard oral evidence from you. You provided the panel with extensive detail regarding your health and personal circumstances at the time of the allegations which ultimately led to the imposition of an interim conditions of practice order, the substantive conditions of practice order and the incidents which are the subject of the charges which you have admitted before this panel. You told the panel that you deliberately concealed the details of your conditions of practice order because you did not believe that you would secure a role if you were honest. You accepted that you had been dishonest in respect of all the charges, admitted and found proved.

Ms Ryder submitted that the facts proved amount to misconduct and invited the panel to find that your fitness to practise is currently impaired. She reminded the panel that the charges proved against you were serious and related to multiple instances of dishonesty over a significant period of time. She submitted that you had secured employment, first at the Agency and then at the Trust by concealing that you had been dismissed from your previous employer for capability reasons and that the NMC had imposed restrictions on your practice. You also failed to inform the Agency that you were the subject of a substantive conditions of practice order.

Ms Ryder submitted that, in light of the facts found proved, the panel should find that your conduct fell far short of the standards expected of you as a registered nurse. She referred to various provisions of the Code: Professional standards of practice and behaviour for nurses and midwives (2015) (“the Code”) and submitted that your repeated dishonesty was a clear breach of these provisions of the code. She therefore invited the panel to find that your actions were serious enough to amount to misconduct.

In relation to impairment, Ms Ryder reminded the panel of its duty to protect the public and uphold the reputation of the nursing profession. She invited the panel to consider whether the seriousness of your actions was such that you were not fit to continue to practise as a registered nurse without restriction. She submitted that at the interim
conditions of practice order and substantive order were imposed to ameliorate the potential risk posed by your unrestricted practice. By working as a nurse, in contravention of those conditions, you had placed patients at unwarranted risk of harm. She also submitted that your repeated dishonest conduct had brought the profession into disrepute, had breached fundamental tenets of the profession and that you had acted dishonestly.

She submitted that, in 2015, subsequent to obtaining employment with the Agency you did not declare your conditions of practice at any point. In respect of your employment with the Trust at Addenbrookes Hospital you did not disclose your conditions until three months after you had started working for them in contravention of your conditions of practice order. She argued that Ms 1’s evidence was that this had resulted from her questioning you about future training at the Trust. She referred the panel to your evidence. Your evidence was that you had wanted to be honest and not to disappoint anyone else or yourself.

Ms Ryder submitted that, although you had provided extensive detail regarding your health at the time of the allegations, there was no medical evidence before the panel to support that this was the underlying cause of your misconduct. Ms Ryder acknowledged that you had shown some insight by engaging with these proceedings and making full admissions. She also acknowledged that there was an underlying acknowledgment by you that what you had done was wrong. However, she submitted that there appeared to be a lack of insight in respect of the wider implications of your actions on patients, your colleagues and the reputation of the profession. In the absence of sufficient evidence of insight and remediation, Ms Ryder invited the panel to find that your fitness to practise is currently impaired.

Mr Oliver submitted that your conduct had fallen far short of the standards expected of a registered nurse. He informed the panel that you accepted that your fitness to practise was currently impaired. He endorsed the positive submissions made by Ms Ryder regarding your engagement and your full and early admissions. He submitted that the charges arose during a difficult period in your personal life and argued that although it
was accepted that your fitness to practise is currently impaired, it was not irredeemably so.

In reaching its decision the panel considered all the evidence in this case together with the submissions from Ms Ryder and Mr Oliver. It had regard to the oral evidence adduced at this stage, together with a bundle of documents submitted on your behalf.

The panel acknowledged that it must undertake a two-stage process at this point. It must first consider whether the facts found proved amounted to misconduct, and if so, whether by reason of that misconduct your fitness to practise is currently impaired. The panel noted that misconduct is conduct which falls short of the standards that may be reasonably expected of a registered nurse but it must be sufficiently serious. Not every departure from the Code necessarily amounts to misconduct. In deciding the issue of impairment the panel must take account of the proven conduct of the practitioner and then consider it in the light of all the other relevant factors known to it in answering the question of whether, by reason of the nurse’s misconduct, her fitness to practise is currently impaired.

**Panel's decision on misconduct:**

The panel first considered whether the facts found proved amounted to misconduct which was serious. This is a matter for the panel’s judgment.

The panel accepted the advice of the legal assessor.

The panel had regard to the relevant Code (2015) which sets out the underlying principles of standards and conduct for the nursing profession. It is in place to protect the public and to ensure that proper standards of the profession are upheld.

The panel reminded itself that, under the Code, registrants are personally accountable for acts and omissions in their practice. The panel determined that your course of conduct, as found proved, clearly breached the following provisions of the Code which state:
“20 Uphold the reputation of your profession at all times

To achieve this, you must:
20.1 keep to and uphold the standards and values set out in the Code
20.2 act with honesty and integrity at all times …
23.3 tell any employers you work for if you have had your practice restricted or had any other conditions imposed on you by us or any other relevant body.”

You embarked on a deliberate course of dishonesty in order to secure employment as a registered nurse. You failed to disclose the fact that you were the subject of an interim conditions of practice order from 4 March 2015 and subsequently a substantive conditions of practice order which took effect on 28 September 2015 to two prospective employers.

You further made dishonest representations in order to conceal from two prospective employers that you had been dismissed from your previous employment with the Hospital for capability reasons. You sought to give the impression that you left your employment for health reasons. You did so in your application form to the Agency dated 17 June 2015 and two application forms at the Trust dated 7 December 2015 and 13 December 2015. You were again dishonest during your interview on 5 May 2015 with the Agency and at your interview on 28 January 2016 at the Trust.

The panel considered that your conduct demonstrated a pattern of dishonesty which was a serious departure from the standards which the public is entitled to expect of a registered nurse. The panel considered that honesty, integrity and trustworthiness are the bedrock of any nurse’s practice. By failing to disclose the restrictions imposed by your regulator on your practice and the real reasons for your dismissal, you denied your prospective employers the opportunity to conduct a proper assessment of your suitability for the position and to put in place any safeguards which the NMC, as your regulator, had deemed appropriate. You therefore placed patients at an unwarranted risk of harm. Your dishonest conduct potentially denied other suitably qualified applicants the opportunity for employment at the Trust.
In total, the panel found proved eight instances of dishonesty. In the panel’s judgement, they, individually and collectively, were serious enough to amount to misconduct.

**Panel’s decision on impairment:**

The panel then went on to consider whether your fitness to practise is currently impaired. The NMC defines fitness to practise as a registrant’s suitability to remain on the register without restriction.

The panel considered the questions of insight and remorse and considered whether the conduct is capable of remedy, whether it has been remedied and whether it is likely to be repeated in the future. It took account of the public interest, that is to say the need to protect patients, the maintenance of public confidence in the profession and its regulation, and the upholding and declaring of proper standards.

The panel bore in mind the appropriate guidance outlined by Dame Janet Smith in her Fifth Shipman Report, and quoted by Mrs Justice Cox in the case of Grant, which is as follows:

“Do our findings of fact in respect of the [registrant’s] misconduct … show that his/her fitness to practise is impaired in the sense that s/he:

a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

b. has in the past brought and/or is liable in the future to bring the profession into disrepute; and/or

c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.

d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future.”

The panel determined that you had, in the past, acted so as to put patients at unwarranted risk of harm, brought the nursing profession into disrepute; breached
fundamental tenets of integrity and trustworthiness; and that you had acted dishonestly. Your dishonesty was particularly serious given your blatant disregard for the restrictions placed on your registration by your regulator. The panel took into account that you had attended, and were represented, at the previous interim order and substantive order hearings at the NMC.

In considering whether you would be liable in the future to act so as to put patients at unwarranted risk of harm, to bring the profession into disrepute, to breach one of the fundamental tenets of the profession and/or to act dishonestly, the panel had careful regard to matters of insight, remorse, remediation and the risk of repetition. In doing so, the panel took into account all the evidence before it including your oral evidence at the impairment stage.

The panel considered that you had fully engaged with these proceedings and had made full admissions. The panel also took into account Ms 1’s evidence that, in the three months you were employed by the Trust, you were a good nurse with no concerns about your clinical abilities. You also appeared to have some understanding of the seriousness of the gravity of your actions. During your oral evidence you explained the difficulties you faced securing employment and told the panel that you chose to conceal the reasons for your dismissal and the conditions of practice order imposed on your practice because of this. You told the panel that due to the difficulties in your personal life you felt “compelled” to be dishonest and conceal these facts to enable you to secure a nursing role. Your deliberate breach of both the interim and substantive conditions of practice, by failing to disclose them, was a flagrant disregard of the regulatory process. When asked what a reasonable person, upon hearing the charges found proved, would think of you as a nurse, you stated that you are “only human” and you believed that “people would understand.”

Moreover, the panel noted that when asked what you would advise a fellow nurse in similar circumstances, your initial response was that it would “depend on that nurse’s circumstances.” It was only after further questioning and prompting that you stated that you would advise a nurse to be honest and disclose all matters fully in similar circumstances.
Throughout your oral evidence, the panel noted that your initial responses to questions appeared to demonstrate a lack of full insight into the serious consequences of your dishonesty on the reputation of the profession and its consequences on public confidence in the profession. While you had demonstrated an underlying acceptance that what you did was wrong, in the panel’s judgement, you did not appear to fully accept that dishonesty in any circumstance is unacceptable. The general tenor of your evidence appeared to indicate that you felt it may have been justified in the circumstances in which you found yourself at the time.

The panel took into account that your dishonesty came to light following your own disclosure to Ms 1. However, it also noted that this occurred some three months after commencing your employment at the Trust and it was prompted by a question by Ms 1 about future training.

When asked why you did not make a disclosure earlier, you told the panel that you “genuinely thought HR would check”. In response to questioning as to whether you believed it was HR’s responsibility to do so, you explained that while you accepted that you had some responsibility, HR and prospective employers also had a responsibility to check the registration status of prospective employees. This demonstrated, to some extent, a failure to take full responsibility for your dishonesty and a lack of full insight into the seriousness of your conduct.

The panel considered that dishonesty is an attitudinal failing which is generally difficult to remedy. On the evidence before it, the panel was not satisfied that you have the necessary levels of insight and reflection into the implications of your dishonest conduct. In the absence of such evidence, the panel determined that there remains a real risk of repetition. It determined that you were liable, in future, to place patients at unwarranted risk of harm; cause further breaches of the fundamental professional principles of integrity and trustworthiness; cause further damage to the reputation of the profession and act dishonestly.
Furthermore, due to the multiple counts of dishonesty and the risks identified, the panel was in no doubt that the need to uphold proper professional standards and public confidence in the profession and the regulatory process would be undermined if a finding of impairment were not made in the particular circumstances of this case.

For all of these reasons, the panel concluded that your fitness to practise is currently impaired by reason of your misconduct.

**Determination on Sanction:**

Having determined that your fitness to practise is impaired, the panel considered what sanction, if any, it should impose in relation to your registration.

The panel has decided to impose a striking off order.

In reaching its decision on sanction, the panel considered the submissions made by Ms Ryder, on behalf of the NMC, and Mr Oliver, on your behalf. It also considered all of the evidence that had been adduced during these proceedings.

The panel heard and accepted the advice of the legal assessor.

Ms Ryder invited the panel to consider all the sanctions available. She referred the panel to the NMC’s Indicative Sanctions Guidance (“ISG”) and submitted that sanction was a matter for the panel’s own judgement. She invited the panel to consider the aggravating and mitigating factors in this case, which she detailed.

Mr Oliver informed the panel that you accepted all its findings in respect of impairment. He told the panel that you would wish to be given the opportunity to remedy your misconduct. He invited the panel to consider imposing a suspension order to provide you with the opportunity to do so. He informed the panel that you wished to undertake a Return to Practice course. He submitted that a suspension order would allow you to do so, in due course.

In reaching its decision, the panel took account of the ISG and the need to protect the
public as well as the wider public interest. This includes maintaining public confidence in the profession and the regulatory process, and declaring and upholding proper standards of conduct and behaviour. The panel has applied the principle of proportionality, weighing the interests of the public with your interests, and has carefully considered the mitigating and aggravating factors in this case.

The panel has exercised its own judgement and has accepted the advice of the legal assessor that, in determining an appropriate sanction, the panel should start with the least restrictive sanction. The panel has also borne in mind that the purpose of a sanction is not to be punitive, although it may have that effect.

The aggravating factors which the panel found to be present are:

- Your dishonest behaviour was not isolated. The panel has found eight instances of dishonesty which occurred over a protracted period in your attempt to secure employment as a nurse;
- You did not disclose your conditions of practice to the Agency throughout the period charged;
- There has been a previous adverse regulatory finding against you which led to conditions of practice being imposed on your practice;
- Your failure to disclose your conditions was a deliberate breach of both the interim and substantive conditions of practice and a flagrant disregard of the regulatory process;
- The panel has found your insight to be limited. The general tenor of your evidence appeared to indicate that you felt that your dishonesty may have been justified in the circumstances in which you found yourself at the time.

The mitigating factors which the panel found to be present are:

- You made full admissions at the outset to facts and impairment;
- You have fully engaged with the NMC investigatory process and hearing;
- You disclosed your dishonest concealment of your conditions of practice to the Trust after three months;
• In a letter to the NMC dated 3 March 2017, you offered an apology for failing to disclose your interim conditions during your interview at Addenbrookes Hospital;
• In the three months you were employed by the Trust, you were a good nurse with no concerns regarding your practice;
• Between 2006 and 2013, there is no evidence of any previous adverse regulatory findings against you.

A mitigating factor suggested to the panel was that there was no patient harm caused by you. The panel gave minimal weight to this given the fact that the fundamental failing in this case is your dishonesty in respect of your attempts to secure employment as a registered nurse. A further mitigating factor suggested on your behalf was your personal circumstances including your health. However, the panel reminded itself that personal mitigation may carry less weight in the regulatory context because of the prime importance of upholding the public interest which includes upholding the reputation of the profession. In the particular circumstances of this case, the serious and protracted dishonesty raises important public interest considerations. The panel therefore attached minimal weight to your personal mitigation.

The panel then went on to consider what, if any, sanction was appropriate in this case.

The panel first considered taking no action. The misconduct found in this case demands that a sanction be imposed to mark the serious departure from the professional standards set out in the NMC Code and adequately to protect the public interest. Accordingly, the panel has concluded that the facts in this case are far too serious for it to take no action.

The panel then considered whether a caution order would be appropriate. It took into account paragraphs 59 to 61 of the ISG. The panel considered that the facts found proved in this case were not at the lower end of the spectrum of impaired fitness to practise. It also took into account its findings on impairment that there is a risk of repetition in this case. The panel therefore concluded that a caution order would not be sufficient to protect the public or the wider public interest in upholding proper
professional standards and maintaining public trust and confidence in the nursing profession and the efficacy of its regulation.

The panel next considered the imposition of a conditions of practice order. It noted the factors set out in the relevant paragraphs of the ISG which indicate when such an order may be appropriate, in particular where there are identifiable areas of nursing practice that require assessment or retraining. The panel considered that you had already been the subject of both an interim and substantive conditions of practice order but you deliberately breached these and acted dishonestly in order to conceal their existence in an attempt to secure employment. In any event, the panel was mindful that dishonesty is an attitudinal issue which is difficult to address by conditions. It therefore determined that no conditions of practice could be formulated meaningfully to address the serious dishonesty in this case. The panel determined that a conditions of practice order would not be an appropriate or proportionate response to protect the public. Further, given the sustained nature of your dishonest conduct and your flagrant disregard of the regulatory process, by breaching both the interim and substantive conditions of practice the panel determined that such an order would not be sufficient to protect the wider public interest.

The panel then went on to consider the sanction of suspension. It had careful regard to the ISG and the relevant factors identified. The panel considered that your dishonesty was not isolated. It involved eight instances of dishonest conduct in your attempt to secure employment as a nurse. You made a deliberate decision to conceal the fact that you were the subject of restrictions imposed by your regulator and the true facts surrounding your dismissal from Papworth Hospital to two prospective employers. These were very serious departures from the principles in the Code by a registered nurse. Your dishonesty was persistent and covered up for over a year.

Moreover, your deliberate breach of both the interim and substantive conditions of practice, by failing to disclose them, was a flagrant disregard of the regulatory process thus exacerbating the seriousness of the dishonesty in this case. The panel considered your conduct, overall, to be indicative of deep-seated attitudinal issues. This was compounded by your oral evidence at the impairment stage, the general tenor of which
appeared to indicate that you felt it may have been justified in the circumstances in which you found yourself at the time. The panel considered your responses, in totality, to be indicative of a persistent lack of insight into the gravity of your dishonest behaviour and the wider implications on the reputation of the profession.

For these reasons, the panel concluded that a suspension order would be inappropriate and insufficient to mark the serious nature of the misconduct in this case and would not maintain public confidence in, and the reputation of, the profession. In the panel’s judgement, this is not a case in which a period of suspension is sufficient to protect the public interest.

Your dishonest behaviour placed patients at an unwarranted risk of harm as set out in the panel’s determination on impairment. You have demonstrated persistent dishonesty which was covered up for a significant period as well as a persistent lack of insight. You have been before this regulator before in relation to clinical failings leading to the imposition of interim and substantive conditions which you deliberately flouted by failing to disclose them to two employers.

For all these reasons, and having regard to the nature and seriousness of the misconduct in all the charges collectively, the panel concluded that a striking-off order is the only appropriate and proportionate sanction. Honesty is fundamental to the nursing profession and to the public’s trust in nurses. The serious dishonesty in this case undermines the reputation of the profession to such an extent that a striking off order is the only order sufficient to protect the public interest. The panel concluded that, in these particular circumstances, the nature and seriousness of your dishonest behaviour was fundamentally incompatible with your ongoing registration as a nurse.

The panel was mindful the impact that such an order may have on you in terms of financial, personal and professional hardship. However, taking full account of the important principle of proportionality, the panel determined that the public interest outweighs your interests. The panel concluded that your misconduct represented such a fundamental departure from the relevant standards, that public confidence in the
nursing profession and in the NMC as its regulator would be undermined were the panel not to impose a striking-off order.

The panel, therefore, directs the Registrar to strike your name from the Register.

You may apply for restoration after five years of the date that this decision takes effect.

**Determination on an Interim Order:**

The panel has considered all the information before it including the submissions made by Ms Ryder, on behalf of the NMC. Mr Oliver made no submissions.

The panel accepted the advice of the legal assessor, who referred the panel to its powers under Article 31 of the Nursing and Midwifery Order 2001 and to the NMC’s published guidance to panels considering whether to make an interim order.

Article 31 of the Nursing and Midwifery Order 2001 outlines the criteria for imposing an interim order. The panel may only make an interim order if it is satisfied that it is necessary for the protection of the public; that it is otherwise in the public interest; and/or that it is in your own interest.

Ms Ryder submitted that an interim order should be made on the grounds that it is necessary for the protection of the public and that it is otherwise in the public interest. She submitted that given the panel’s determination on impairment and sanction, an interim suspension order should be imposed for 18 months to cover the 28 day period following notification of this decision, in which an appeal can be made, and thereafter to cover the period until any such appeal is determined.

The panel had regard to the circumstances of the case and the reasons set out in the decision for the striking-off order. The panel considered that an interim order is necessary for the protection of the public and that it is otherwise in the public interest. Not to make an interim order would be incompatible with the panel’s earlier findings.
For all the reasons set out in the panel’s determination thus far, the panel has decided that an interim conditions of practice order would not be appropriate.

In all the circumstances, an interim suspension order is necessary, appropriate and proportionate following its decision on sanction to impose a striking-off order.

The panel determined that the order should run for a period of 18 months in order to cover the period for any appeal. If at the end of the appeal period of 28 days, you have not lodged an appeal, the interim order will lapse and be replaced by the substantive order. On the other hand, if you do lodge an appeal, this interim order will continue to run, for the duration of any appeal until its expiry, unless it is extended by the High Court.

That concludes this determination.